

FILED JUN 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15422**

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>74</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>Malden</u>			d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>306 Johnson Street</u>				<u>035/0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u>			b. (Middle) <u>_____</u>		c. (Last) <u>FIFE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 30 1886</u>		9. AGE (In years last birthday) <u>67</u>	
IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Tom Morrow</u>			13b. MOTHER'S MAIDEN NAME <u>Martlee Griffin</u>			14. NAME OF HUSBAND OR WIFE <u>Silas Fife</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Husband, Silas Fife, Malden, Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Emboli to lungs + lower extremities</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible embolic cardiac low</u>				DUE TO (c) <u>Grade of long duration</u>				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stone in common bile duct</u>								<u>584 X</u>	
19a. DATE OF OPERATION <u>5-21-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stone in common bile duct, Chronic cholecystitis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>5-18</u> , 19 <u>54</u> , to <u>5-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>54</u> , and that death occurred at <u>1:15 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul C. Mullenberger</u>				(Degree or title) <u>_____</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>6-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-3-54</u>		REGISTRAR'S SIGNATURE <u>Paul C. Mullenberger</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lardess</u>		ADDRESS <u>Funeral Home, Campbell, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-7-54

COUNTY FILE NUMBER 654-1

ADMITTED 6-7-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision:.

Student..... Signature of Student Embalmer

Signed E W Landress

Licensed Embalmer No. 228

P. O. Address Campbell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.